

State of Delaware
BOARD OF PARDONS
DELAWARE BOARD OF PARDONS CHECKLIST

YOU MUST COMPLETE STEPS 1 AND 2 BEFORE PROCEEDING WITH THE APPLICATION PROCESS. THESE TWO STEPS WILL TAKE SEVERAL WEEKS!

Step 1

Request your **Certified Criminal History** which can be obtained by submitting a **fee** along with your **fingerprints** to [State Bureau of Identification](#). For specific information and locations please contact them at (302) 739-5871

Step 2

Request **Certified Court Dockets** and **Sentencing Orders** for all **ADULT** dispositions listed as **guilty, unknown, unobtainable, transferred**. Contact the courts in the county associated with the offense(s) for further information on how to request the documents.

Step 3

Once you have received your **Certified Criminal History** and your **Certified Court Dockets and Sentencing Orders**, complete the page titled "[Criminal History Review Form](#)".

Step 4

Compare your offense(s) from your "**Criminal History Review Form**" to the offense(s) listed on the "[Offenses that Require a Mental Health Report](#)." If jail time was served in relation to an offense(s) that require a mental health report, you will have to provide a **Psychiatric or Psychological Evaluation** from a licensed professional of your choice. Any psychologist or psychiatrist performing an evaluation must submit the information requested in [Rule 9, paragraph \(c\) listed on page 12 of the Rules of the Board of Pardons](#).

Step 5

Complete the entire **Delaware Board of Pardons** [Application for Pardon](#)

Step 6

Complete the [Affidavit of Mailing](#).

Step 7

To request a **Telephonic hearing due to hardship**, please complete and submit with the application the [Hardship Form](#). Please be aware that this request is subject to approval.

Step 8

Assemble all your documents and attach them to the appropriate sections as specified in the application. Once assembled, make one copy of EVERYTHING (so you will have a total of 2 complete packets). Use a paper clip or binder clip to attach your documents together for each packet. **Stapled documents will not be accepted.**

Step 9

Keep one copy of your application packet for your records and mail the original packet to:

**Board of Pardons
Secretary of State's Office
401 Federal Street, Suite 3
Dover, DE 19901**

If you have any questions, contact the Board of Pardons at 302-739-4111. You can also visit us online at pardons.delaware.gov.

CRIMINAL HISTORY REVIEW FORM (REQUIRED)

Compare your offense(s) from your certified criminal history and your certified court dockets and sentencing orders. Highlight all **ADULT** guilty offenses, pending offenses, disposition unknown, disposition unobtainable, or matters transferred to another court. Do not list any dismissed, nolle prosequi, or juvenile charges.

List them on these lines

[illegible]

Make sure that all of the offenses required to be addressed in this application are listed. Failure to list all required charges will result in your application being returned. This list will serve as guide as you complete the DELAWARE BOARD OF PARDONS APPLICATION

BIOGRAPHICAL INFORMATION

What is your highest level of education?

Any known learning disabilities? **Yes** **No.** If yes, briefly describe.

Any history of mental health issues? **Yes** **No.** If yes, briefly describe treatment.

Any history of substance/alcohol abuse? **Yes** **No.** If yes, briefly describe drug/substance of choice and when addiction began.

What is your current martial status? (Check one) **Single** **Married** **Divorce** **Widowed**

Do you have any children, if yes describe them? (Example: name, age and living arrangement)

Current Employment Status, if not employed state the reasons?

Are you currently enrolled in school/vocational training, if yes, provide the name and location and your area of study?

SUMMARY OF OFFENSE(S)

Fill out a separate copy of this page for each conviction that is listed on the Criminal History Review Form.
Provide requested information for offense(s) the specifics can be found on the court docket and sentencing order.

Arrest Date: _____

Offense(s): If more than one offense was associated with the same arrest, list them.

Sentence Date: _____ **Sentence:** _____

Probation: **Yes** **No** **If yes, provide date completed** _____

Restitution: **Yes** **No** **If yes, amount and if obligation is resolved (paid)** _____
(If obligation is not resolved, please contact the court and request a civil judgment and attach it to this page)

Name of Court: _____

Court Address: _____
Number *Street* *City* *State* *Zip Code*

Narrative Description of the Offense(s): Provide a complete and detailed account of the offense(s) you listed above. You are expected to describe in your own words the factual details surrounding the offense(s). Describe the full extent of your involvement in the criminal conduct.

Attach the Certified Court Docket(s) and Sentencing Order(s) associated with the offense(s)

PRIOR AND SUBSEQUENT CRIMINAL RECORD

Describe in your **own** words the factual circumstances of each incident. Aside from the offense for which you are seeking a pardon, have you ever been arrested, taken into custody, held for investigation or questioning, charged by any law enforcement authority, or convicted in any court, either as a juvenile or an adult, for any other incident either in the State of Delaware or any other jurisdiction? : **Yes** **No** **If no, proceed to the next page. If yes, describe below:**

Date of Charge: _____

Nature of Charge: _____

Facts:

Date of Charge: _____

Nature of Charge: _____

Facts:

Date of Charge: _____

Nature of Charge: _____

Facts:

Date of Charge: _____

Nature of Charge: _____

Facts:

MAKE COPIES OF THIS PAGE IF YOU NEED MORE ROOM

REASONS FOR SEEKING A PARDON

What are your reasons for seeking a pardon? Attach any supporting documents as evidence to support reasons due to extenuating circumstances. (Example: Denial letter due to failed background check or written regulations regarding criminal convictions preventing you from services)

Pending Proceedings: Do you have pending any judicial or administrative proceedings with the federal, state, or local governments? **Yes** **No.** If yes, state the full jurisdiction in which the proceeding is pending, the nature of the dispute, and the current status of the matter.

Describe below any community/charitable activities you are involved in and your duties.
(You may attach any certificates or documents)

References may be attached to this page

Attach supporting documents as evidence to support reasons due to extenuating circumstances.

AFFIDAVIT OF MAILING



STATE OF DELAWARE

DELAWARE BOARD OF PARDONS

Applicant Name _____ **Date of Birth** _____

The above applicant has filed a petition for a pardon with the Board of Pardons ("Board") in the Secretary of State's Office, 401 Federal Street, Suite 3, Dover, DE 19901. The petition will be heard at the earliest possible date as determined by the Board.

Copies of this affidavit of mailing have been sent to:

1. The Judge(s) who presided at the sentencing hearing(s) or Presiding Judge(s)
2. Joseph R. Biden, III, Esq. Attorney General, Department of Justice
3. Chief of Police in the city/county where the arrest(s) was/were made.
4. Colonel Robert M. Coupe, Superintendent, Department of Public Safety, Division of State Police

Reason(s) for applying:

Offense(s) and Date(s) of Arrest:

Signature of Applicant

Date

STATE OF _____)
) SS
COUNTY OF _____)

This applicant, being sworn, deposes and says that he/she is attesting that all statements contained in his/her application are true and correct in every respect, and that he/she has not suppressed any information that might affect this application.

Sworn to me before me this _____ day of _____, 20_____.

Signature of Notary Public

My commission expires _____. (SEAL)

IMPORTANT: Make sure you have completed every item on the checklist and that your application is signed and complete. Any missing information will significantly delay processing.

REQUEST FOR A TELEPHONIC HEARING DUE TO HARDSHIP

Due to the circumstance(s) described below, the applicant is requesting that a telephonic hearing be allowed in place of a “personal appearance”.

Applicant Name _____ Date of Birth _____

Reason(s) petitioner has found that it would be a hardship to physically attend the hearing:

If an approval of hardship is made, the “Board” may require that you be available by phone at your scheduled time. Please provide a reliable telephone number that could be used to contact you for a possible telephonic hearing (_____) - _____.

Signature of Applicant

Date

Approved

Date